FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

WINTER PARK MRI PARTNERS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT # A29106

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Name 10/30/1996 5b. Amount of Capital Control/Joins in FLORIDA Co	N USDC 825 SOUTH BAYSHORE DR			10/20/1989 3a. Date of Last Report 10/30/1996	\$570,000.00 5b. Amount of Capital Contributions in FLORIDA	
28. Principal Office Address 20.0 A Lake murst. Suc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country 32.79 2 Replication of Status Desired 8. Make check payable for Dept. of State (See reverse side for fee Information of State (See reverse side fo		Miami FL 33131				
City & State Country Zip Country Zip Country Zip Country 3 2 79 2 8. Make check psyable to: Dept. of State (See reware elde for fee Information 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office VICTOR H. MENDELSON 3000 TRFT STREET MIAMI FL 33131 Suite, Apt #, etc. City FL Zip Code 108. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, authorits this statement for the purpose of changing its registered agent or tools, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent or the chigations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (b) NOT Use Post Office Box Number) 11b. City, State & Zip Code 11c. Registeror/ Document Number WINTER PARK MEMORIAL HOSPITA C/O 200 NORTH LAKEMON WINTER PARK FL 712822 WEST PALM BEACH FL 33 L53727		200 N Cakemont Ave		FL	\$ 570,000.00	
2/p Country 2/p Country 8. Make check payable to: Dept. of State (See reverse side for fee Information 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office VICTOR H. MENDELSON 3000 TRFT STREET MIAMI FL 33131 Suite. Apt #. etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, automits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, a manufacture of the state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, a manufacture of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Solvit Use Post Office Box Numbers) WINTER PARK MEMORIAL HOSPITA C/O 200 NORTH LAKEMON WINTER PARK FL 712822 WEST PALM BEACH FL 33 L53727 90010124 1034 8035 -011/16/43010/380114	Suite 120/ East			••	Applied For Not Applicable	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City FL Zip Code Total purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner(s) WINTER PARK MEMORIAL HOSPITA C/O 200 NORTH LAKEMON TYT S. FLAGLER DRIVE WEST PALM BEACH FL 33 L53727	Zip Country	Zip Country		7. Certificate of Stalus Desired	\$8.75 Additional Fee Required	
WCTOR H. MENDELSON 3000 TRFT STREET MIAMI FL 33131 Suite. Apt. #, etc. City FL Zip Code 10a, Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing like registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner WINTER PARK MEMORIAL HOSPITA C/O 200 NORTH LAKEMON WINTER PARK FL 712822 WEST PALM BEACH FL 33 L53727		32792	·	8. Make check psyable to: Dept. of	State (See reverse side for fee Information)	
VCTOR H. MENDELSON 3000 TRFT STREET MIAMI FL 33131 Suite. Apt #, etc. City FL Zip Code Tog. Pursuant to the provisions of sections 620.1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, agent, agent, agent, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Document Number WINTER PARK MEMORIAL HOSPITA C/O 200 NORTH LAKEMON WINTER PARK FL 712822 MEDI-TEK-WINTER PARK,INC 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33 L53727	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number 11b. City, State & Zip Code 11c. Registration/ Document Number 712822 MEDI-TEK-WINTER PARK,INC 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33 L53727 9000024038014	3000 TRFT STREET MIAMI FL 33131 Suite, Apr. City 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partifor the purpose of changing its registered office or registered agent, or both, in the State of Florida Such changement. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)			organized or registered under the laws of the authorized by its general partner(s). There DATE RTNERSHIP OR OTHE	e State of Florida, submits this statement oby accept the appointment of registered	
WINTER PARK MEMORIAL HOSPITA C/O 200 NORTH LAKEMON WINTER PARK FL 712822 MEDI-TEK-WINTER PARK,INC 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33 L53727 900024034895 -01/16/9301098014	······································	Address of Each Genera	l Partner	·····	Registration/	
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900024034895 -01/16/9801098014 ****\$41.25 *****\$41.25	MEDI-TEK-WINTER PARK,INC	777 S. FLAGLER DRIVE		VEST PALM BEACH FL 33	L53727	
	•			9000024 -01/16/ ****\$4	1034895 3801038014 1.25 ****541.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee. empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE

Typed or Printed Name of General Partner Signing Form.

Daylime Telephone Number 56/ 833 1495